2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010727

Entity Name: CUBAN CLASSICAL BALLET OF MIAMI, INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
900 SW 1ST STI SUITE 306 MIAMI, FL 33130				
Current Mailing Address:		New Maili	New Mailing Address:	
900 SW 1ST STI SUITE 306 MIAMI, FL 33130				
FEI Number: 20-57	13495 FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Addr	ress of Current Registered Agent:	Name and	Address of New Registered Agent:	
SOTO, ALEX M C/O 1111 BRICH SUITE 2500 MIAMI, FL 3313				
The above name in the State of Flo		oose of changing i	ts registered office or registered agent, or both,	
SIGNATURE:				
_	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MR () Change (X) Addition JIMENEZ, ERIBERTO 1524 ALTON ROAD, #10 MIAMI BEACH, FL 33139	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MS () Change (X) Addition MOORE, REGINA 1375 CORTEZ STREET CORAL GABLES, FL 33134	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MS () Change (X) Addition COUTY, KAREN 50 CELESTIAL WAY, SUITE 210 JUNO BEACH, FL 33408	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MR () Change (X) Addition RODRIGUEZ, JOSE 506 BILTMORE WAY CORAL GABLES, FL 33134	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MS () Change (X) Addition ANDREU, LILIANA 925 CASTILE PLAZA CORAL GABLES, FL 33134	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	MR () Change (X) Addition HERNANDEZ, GIL 3971 SW 8TH STREET, STE 201 MIAMI, FL 33134	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINA MOORE MS 01/11/2007